

Assigned DOGM File No.: S/021/0035

DOGM Lead: Lynn

Permit Fee \$ \_\_\_\_\_ Ck# \_\_\_\_\_

6210

**STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING**

1594 West North Temple Suite 1210  
Box 145801

Salt Lake City, Utah 84114-5801

Telephone: (801) 538-5291 Fax: (801) 359-3940

**RECEIVED E-Mail**

**AUG 26 2014**

**Div. of Oil, Gas & Mining**

**NOTICE OF INTENTION TO COMMENCE SMALL MINING OPERATIONS**

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and [http://le.utah.gov/~code/TITLE40/40\\_08.htm](http://le.utah.gov/~code/TITLE40/40_08.htm).

Cultural Resources Survey: To fulfill its obligations under Utah Code Annotated 9-8-404, the Division needs cultural resource (archaeology) information. The amount and type of information required will depend on the mine location, the history of previous disturbance, and other factors. Please contact the Division for further information.

A permit fee of \$150 must accompany this application (Utah Code Ann. §40-8-7(1)(i)) and is due annually.

"Small Mining Operations" are operations which have a disturbed area of ten or fewer surface acres at any time in unincorporated areas, or five acres or fewer in incorporated areas.

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**I. GENERAL INFORMATION** (Rule R647-3-104)

1. Name of Mine: Highland Mist Mine

2.A. Name of Entity Applying for a Permit: Cornerstone Industries Inc.

Contact (Authorized Officer): Eric Flippo

Mailing Address: P.O. Box 2740

City, State, Zip: Cedar City UT 84721

Phone: 408.833.9676

Fax: \_\_\_\_\_

E-mail Address: ericflippo@cornerstoneindustriesinc.com

Entity is a: ( ☒ ) Corporation, ( ☐ ) LLC, ( ☐ ) Sole Proprietorship (dba), ( ☐ ) Individual, ( ☐ ) Partnership ( ☐ General, or ☐ limited), ( ☐ ) Other (specify type) \_\_\_\_\_

**Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC)** If not currently registered, contact [www.commerce.utah.gov](http://www.commerce.utah.gov) to renew or apply.

2.B. Are you currently registered to do business in the State of Utah? ( ☒ ) Yes ( ☐ ) No

Business Entity #: 8237617-0142

Local Business License #: \_\_\_\_\_ (if required)

Issued by: County: \_\_\_\_\_ or City: \_\_\_\_\_

Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank):

Name: Incorp Services Inc.

Title: \_\_\_\_\_

Address: 2005 E. 2700 S Suite 200

City, State, Zip: Salt Lake City UT 84109

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



**2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Emergency, Weekend, or Holiday Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Emergency, Weekend, or Holiday Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**3. If Business is a Sole Proprietor (dba) or Individual:**

Name of Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**If Business is a Corporation:**

Name of Officers: <u>Eric Flippo</u>	Title: <u>President</u>
Name: <u>Lisa Flippo</u>	Title: <u>Director/Secty/Treasurer</u>
Name: _____	Title: _____
Name: _____	Title: _____

Headquarters Address: P.O. Box 2740  
City, State, Zip: Cedar City UT 84721  
Phone: 408.833.9676 Fax: \_\_\_\_\_  
E-mail Address: ericflippo@cornerstoneindustriesinc.com

**If Business is a Limited Liability Company: Member Managed ( ☐ ) Manager Managed ( ☐ )**

Name of 1<sup>st</sup> Member/Manager: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Name of 2<sup>nd</sup> Member/Manager: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**If Business is a Partnership:**

Names of Partners: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**If Business is a Partnership:**

Names of Partners: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_